# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. \$0549EIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DE SECTION 4(6), AND OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval						
OMB Number:	3235-0076					
Expires: Novembe	er 30, 2001					
Estimated average burden						
hours per response	16.00					

SEC USE ONLY					
Prefix	Serial				
DATE RE	ECEIVED				

Name of Offering ( check if this is an amendment and name has changed, and indicate char	nge.)
12.5% Subordinated Debenture w/Warrants	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Se	ection 4(6) ULOE
Type of Filing: 💆 New Filing 🗖 Amendment	
A. BASIC IDENTIFICATION DA	ATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed	re.)
Veriplas Containers, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
660 Gever Springs Road, Little Rock, AR 72209	501-562-7781
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	501-562-7722
Brief Description of Business	Mary Line
Manufacturer of plastic containers	PROCESSE
Type of Business Organization	•
□ limited partnership, already formed	other (please specify): P MAY 2 2 2002
□ business trust □ limited partnership, to be formed	
Month	Year THOMSON
Actual or Estimated Date of Incorporation or Organization:	9 8 X Actual Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	on for State;
CN for Canada; FN for other foreign jurisdiction	
CENEDAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consittues a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMNA control number.

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and man	naging p	partner of p	artne	rship issuers.					
Check Box(es) that Apply:	Ď P	romoter	<u> </u>	Beneficial Owner	<b>Z</b>	Executive Officer	KI	Director	☐General and/or Managing Partne
Full Name (Last name first, i Speed, James B.	f individ III	dual)							
Business or Residence Addre 5206 Sherwood,					e)				
Check Box(es) that Apply:		Promoter	Ş	Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partne
Full Name (Last name first, i Speed, Carolyn	f individ	dual)						_	
Business or Residence Addre 2323 South 40th					e)				
Check Box(es) that Apply:				Beneficial Owner		Executive Officer	Q	Director	☐General and/or Managing Partne
Full Name (Last name first, it Thalheimer, Bru	findivid	dual)		·					
Business or Residence Addres 73 Robinwood Dr	ss (Num	nber and St Litt	reet, Le	City, State, Zip Cod Rock , AR 72	e) 22	7			
Check Box(es) that Apply:	□ F	Promoter	<u>[3</u> ]	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it Young, Robert	findivid	iual)							
Business or Residence Address P.O. Box 10048,					e)				
Check Box(es) that Apply:		Promoter		Beneficial Owner	24	Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, if Frieberg, Brad	individ	lual)							
Business or Residence Address 10 Hearthside,					e)				
Check Box(es) that Apply:		romoter		Beneficial Owner	0	Executive Officer	K	Director	☐General and/or Managing Partner
Full Name (Last name first, if Blank, Richard	individ	lual)							
Business or Residence Addres 5618 Edgewood,	s (Num Litt	ber and St	reet,	City, State, Zip Code AR 72207	e)				
Check Box(es) that Apply:	□ P	romoter		Beneficial Owner	Ä	Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, if McCain, Thomas	individ	lual)							
Business or Residence Addres				City, State, Zip Code	e)			<u> </u>	

## A. BASIC IDENTIFICATION DATA

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  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul><li>and</li><li>Each general and ma</li></ul>	naging partner of p	partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i Bennage, Mike	f individual)			_	
Business or Residence Addre 306 Country Clu					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	le)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	le)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Cod	e)		

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															17	<b>N</b> T-
1. Ha	s the iss	suer sol	d or de	es the	issuer i	ntend t	o sell, 1	to non-a	accredi	ted inve	estors i	n this offe	ering?		Yes □	No <b>⊠</b>
					Ar	iswer a	lso in A	Append	lix, Col	umn 2,	if filin	g under U	JLOE.			-
2. Wł	at is th	e minir	num in	vestme	nt that	will be	accept	ted from	n any i	ndividu	al?				\$ N/	<u>'</u> A_
															Yes	No
3. Do	es the c	ffering	g permi	t joint (	owners	hip of a	single	unit?								Ē
co of an	mmissi fering. d/or wi	on or s If a per th a sta	similar rson to ate or s	remune be liste tates, li	eration ed is ar st the r	for sol associ name o	icitation iated per f the bi	on of pu erson o roker o	irchase r agent r deale	rs in co t of a bi r. If mo	onnecti roker o ore than	on with s r dealer r n five (5)	ales of sec egistered persons to	ndirectly, any curities in the with the SEC be listed are ealer only.		
Rc	her	Cap	ne first ital	Gro	up,	LLC	· -									
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			Broker				,				· <u>-</u>					
States	in Wh	ich Per	son Lis	sted Ha	s Solic	ited or	Intend	s to So	licit Pu	rchaser				<del>-</del>		
(Chec	k "All	States	" or ch	ieck in	dividu	al Stat	es)	. <b></b>						☐ All States	i	
			[AXR.]													
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[MT]	[NE]	[NV]	[NH] [TN]	[NJ] [YY]	[MM] [ידינו]	[NY] [TV]	[NC]	[ND]	[WV]	[OK]	[OR]	[PA] [PR]				
			ne first										<del></del>			
Busin	ess or F	Residen	ce Add	ress (N	umber	and Str	eet, Ci	ty, State	e, Zip (	Code)			<u></u>			** §
Name	of Asse	ociated	Broker	or Dea	ler											
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•			" or ch [AR]				,							☐ All States		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[TM]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				
Full N	ame (L	ast nan	ne first,	, if indi	vidual)											
Busin	ess or R	esiden	ce Add	ress (N	umber	and Str	eet, Ci	ty, State	e, Zip C	Code)			<u></u>			
Name	of Asso	ociated	Broker	or Dea	ler											
			son Lis										<del></del>	<b>3</b> A 33 G		
			" or ch [AR]											☐ All States		
			[KS]													
			[NH]													

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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the column below the amounts of the securities of-			
fered for exchange and already exchanged.			
Type of Security	Aggrega Offering F		Amount Already Sold
Debt	\$2,000	0.00ء	0\$ 2,000,000
Equity	\$		Os0
□ Common □ Preferred			
Convertible Securities (including warrants)	<u>sinclu</u>	<u>ide</u> d	<pre>§ included</pre>
Partnership Interests	\$	0	s0
Other (Specify)	\$	0	\$
Total	\$ 2,000	<u>, 0</u> 01	O <sub>8</sub> 2,000,000
Answer also in Appendix, Column 3, if filing under ULOE			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0;" if answer is "none" or "zero."			
전후 전 	Numbe Investor	_	Aggregate Dollar Amount of Purchases
Accredited Investors	1		\$2,000,000
Non-accredited Investors.			\$0
Total (for filings under Rule 504 only)			\$
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			<b></b>
Type of offering	Type o Securit		Dollar Amount Sold
Rule 505			\$
Regulation A			\$
Rule 504			\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees.		<b>X</b>	\$ <u>20,0</u> 00
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (Specify finder's fees separately)			\$
Other Expenses (identify) Finder's fee  Total		K	\$ 50,000
Total			70,000 \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF	PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$1,930,00	00
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$□	\$
Purchase of real estate	\$ □	\$
Purchase, rental or leasing and installation of machinery and equipment	\$□	\$ <u>1,930,</u> 000
Construction or leasing of plant buildings and facilities	\$□	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	\$ <b>□</b>	\$
Repayment of indebtedness	\$□	\$
Working capital	\$□	\$
Other (specify)	\$□	\$
	\$ □	\$
Column Totals	\$□	\$
Total Payments Listed (column totals added)	□ \$ <u>1</u>	,930,000
D. FEDERAL SIGNATURE		<u></u>
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. It following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities an request of its staff, the information furnished by the issuer to any non-accredited investor pursuar	d Exchange Comm	ission, upon written
Issuer (Print or Type) Signature	Date	
Veriplas Containers, Inc.	416/02	
Name of Signer (Print or Type)  Title of Signer (Print or Type)  CFO		
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# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)